

Health Access for All Children (Matching Funds Allocation)

County Commission:

Review Sheet sent to
County Commission

Date discussed with the County
Commission and Health Plan

Health Plan:

Supplemental Materials
Rec'd and Reviewed

Application Approved

Summary of the Review

| | Criteria Elements | Fully Addressed Elements | Partially Addressed Elements | Minimally or Not Addressed Elements |
|-----------|---|--------------------------|------------------------------|-------------------------------------|
| A. | History and Background of the County Children's Health Initiative/Collaborative | | | |
| B. | Identification and Description of the Designated Health Plan | | | |
| C. | Eligibility Requirements | | | |
| D. | Covered Services and Benefits | | | |
| E. | Negotiated Rates and Costs | | | |
| F. | Provider Network | | | |
| G. | Culturally Competent and Linguistically Appropriate Services | | | |
| H. | Customer Service | | | |
| I. | Quality Assurance and Evaluation | | | |
| J. | Outreach, Enrollment and Retention Capability | | | |

| | Criteria Elements | Fully Addressed | Partially Addressed | Minimally or Not Addressed | Reviewer's Comments |
|-----------|--|-----------------|---------------------|----------------------------|---------------------|
| A. | History and Background of the County Children's Health Initiative/Collaborative | | | | |
| 1 | Provided a brief history of the development and implementation of the Children's Health Initiative/Collaborative in your county. | | | | |
| 2 | Identified the key partners. | | | | |
| 3 | Described the role of the County Commission. | | | | |
| 4 | Addressed how the health insurance premiums for both younger children (birth to 5) and older children (6 to 18) are being supported. | | | | |
| 5A | If the expanded health insurance program is already enrolling children, provided information on numbers currently enrolled by both age groupings (birth to 5 and 6 to 18). | | | | |
| 5B | If enrollment has not yet commenced, provided a brief timeline for implementation. | | | | |
| 6 | Described if there are enrollment caps in place for either the young children (birth to 5 year olds) or for the older children (6 to 18) and the number of children on waiting lists in each age category. | | | | |
| | Support documents: | | | | |
| | 1. Provided a roster of the member agencies participating in the Children's Health Initiative/Collaborative | | | | |
| | 2. Provided a source and amount of local funding to subsidize the insurance premium costs for children (birth to 5) for the 4-year funding period. (Form 3) | | | | |

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| B | Identification and Description of the Designated Health Plan. | | | | |
| 1. | Identified the designated Health Plan and described how it was selected. | | | | |
| 2. | Provided a brief description and history of the Health Plan and included information on the Health Plan's licensure status. | | | | |
| 3. | Included information on its current services (types of public or private funded health insurance programs/products offered, number and demographics of members, retention and utilization rates). | | | | |
| 4. | Addressed the financial stability of the organization. | | | | |
| | Support documents: | | | | |
| | 1. Documentation of licensure as a Knox-Keene Act health care service plan. | | | | |
| | 2. An Order Approving Notice of Material Modification from the Department of Managed Health Care. | | | | |
| | 3. A copy of the fully executed contract with the Health Plan. | | | | |
| C. | Eligibility Requirements | | | | |
| 1. | Indicated the eligibility requirements for the expanded health insurance program. | | | | |
| 2. | In the event of children being placed on waiting lists to be enrolled in the program, indicated | | | | |

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| | if there are any policies or provisions to determine priority enrollment status (e.g., in an effort to provide continuous care for an enrolled child who is turning 6 years old). | | | | |
| | Support documents: | | | | |
| | 1. Provided a Copy of the enrollment application for the expanded health insurance program. | | | | |
| D. | Covered Services and Benefits | | | | |
| 1. | Demonstrated that the benefit package of the expanded health insurance program mirrors the Healthy Families Program. | | | | |
| 2. | Noted any differences in the benefit package (e.g., additional services). | | | | |
| | Support documents: | | | | |
| | 1 Provided evidence of coverage brochure listing the medical, dental, and vision benefits/services. | | | | |
| E. | Negotiated Rates and Costs | | | | |
| 1. | Provided the unbundled rates for medical, dental and vision services of the expanded health insurance program and indicated if the pricing is comparable to the Healthy Families levels. | | | | |
| 2. | Provided information on the family share of cost schedule and co-payments and described and explained any differences from the Healthy Families Program | | | | |

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| 3. | Described any provisions for offering premium assistance for the family share of cost (e.g., hardship fund). Describe the criteria for family eligibility. | | | | |
| | Support documents: | | | | |
| | 1. Provided a copy of the Family Share of Cost Schedule. | | | | |
| | 2. Provided a copy of the Co-Payment Chart. | | | | |
| F. | Provider Network | | | | |
| 1. | Described the Plan's Provider Network and addressed how the capacity within the network has been assessed to ensure that additional members can be provided with necessary medical, dental and vision services. | | | | |
| 2. | Highlighted the number of pediatricians and other specialists available to meet the needs of children with disabilities and other special needs, including emotional and behavioral issues. | | | | |
| 3. | Highlighted the number and type of traditional and safety net providers in the provider network. | | | | |
| 4. | Included information on the linguistic capacity of its Provider Network. | | | | |
| | Support documents: | | | | |
| | 1. Provided a copy of the Provider Network directory that lists each provider's specialty and the language capacity of their office/clinic. Also, highlighted the Traditional and | | | | |

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| | Safety Net Providers. | | | | |
| G | Culturally Competent and Linguistically Appropriate Services. | | | | |
| 1. | Identified the designated threshold languages in the county. | | | | |
| 2. | Described the plan's strategies for addressing and providing culturally competent and linguistically appropriate services. | | | | |
| 3. | Addressed the literacy level of the plan's materials (e.g., outreach, enrollment, education). | | | | |
| | Support documents: | | | | |
| | 1. Provided a sample of Education and Outreach materials. | | | | |
| H. | Customer Service | | | | |
| 1. | Described the Health Plan's ability to provide high quality customer service, especially to assess and meet the needs of families of young children. | | | | |
| 2. | Described how the Health Plan is complying with the Knox-Keene Act's grievance resolution, Independent Medical Review and arbitration of dispute requirements. | | | | |
| | Support documents: | | | | |
| | 1. Provided a copy of a recent Health Plan grievance report documenting number and type of grievances filed by beneficiaries and the corresponding resolution. | | | | |

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| | 2. Provided a copy of a recent Health Plan member satisfaction report. | | | | |
| I. | Quality Assurance and Evaluation | | | | |
| 1. | Described the Health Plan's current level of participation in a quality assurance and improvement program. | | | | |
| 2. | Stated the Health Plan's specific service objectives to ensure that young children enrolled in the program have access to and utilize age-appropriate medical, dental and vision services and treatments. | | | | |
| 3. | Indicated if the Health Plan and/or the Children's Health Initiative/Collaborative have a Quality Enhancement workgroup and describe its current work focused on improving the utility and quality of services for young children through 5 years of age and in improving their health outcomes. | | | | |
| 4. | Indicated if the Health Plan has accreditation status through the National Committee for Quality Assurance/Joint Commission on the Accreditation of Healthcare Organizations (NCQA/JCAHO) and utilizes the audited clinical quality measures consisting of the NCQA's Health Plan Employer Data and Information Set (HEDIS) Performance Measures. | | | | |
| | Support documents: | | | | |
| | 1. Provided a sample of a Health Plan's quality assurance/ improvement report. | | | | |

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| J. | Outreach, Enrollment and Retention Capability | | | | |
| 1. | Described the Children's Health Initiative/Collaborative capability and experience (or that of the Health Plan) to support a "one open door" for the coordination of the application and enrollment process between Medi-Cal, Healthy Families and the new insurance product. | | | | |
| 2. | Highlighted the best practices and other successful outreach/enrollment and retention strategies employed that are specifically designed to target culturally and linguistically young children (0 to 5) & their families. | | | | |
| 3. | Described any outreach efforts specifically linked to School Readiness programs and other First 5- funded projects. | | | | |
| 4. | Provided information on the Health Plan's renewal and retention rates. | | | | |
| | Support documents: | | | | |
| | 1. A copy of a Health Plan enrollment, retention and disenrollment report. | | | | |
| | 2. A copy of an Outreach Activity Summary or Calendar. | | | | |